



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

State Form 49462 (R/1-03)

Approved by the State Board of Accounts, 1999

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments
Present original and one copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

Indiana Code 23-18-11-5

FILING FEE: \$30.00

NOTE: This application must be accompanied by an original certificate of existence duly authenticated by the proper authority from the LLC's domiciliary state, within the last sixty (60) days.

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF

Name of Limited Liability Company

A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACTION BUSINESS IN INDIANA

The undersigned manager or member of _____
(hereinafter referred to as the "LLC"), which exists pursuant to the provisions of the laws of _____ as
(State or county of organization)
amended, desire to obtain an Amended Certificate of Authority.

1. The above LLC received a Certificate of Authority to transact business in the State of Indiana on the _____ day of _____, _____.

2. The LLC desires to change its LLC name in Indiana as follows: _____
_____.

3. The LLC has changed the period of its duration from _____ to _____.

4. The LLC has changed the state or country of its organization from _____ to _____.

In Witness Whereof, the undersigned, being the _____ of said
(Manager or member)

LLC executes this Application for Amended Certificate of Authority and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name